

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M02000000712

**FILED**  
**Oct 19, 2004**  
**Secretary of State**

**Entity Name:** LANIGAN, L.L.C.

**Current Principal Place of Business:**

2002 SE 47TH STREET  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1755 EAST CAPE CORAL PARKWAY  
UNIT 111  
CAPE CORAL, FL 33904

**Current Mailing Address:**

2002 SE 47TH STREET  
CAPE CORAL, FL 33904

**New Mailing Address:**

10927 WHISPERING PINES WAY  
ROCKFORD, IL 61114

**FEI Number:** 36-4420807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE GOULD, GARY  
1755 E. CAPE CORAL PKWY 111  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

DE GOULD, MICHAEL  
1755 E. CAPE CORAL PKWY  
UNIT 111  
CAPE CORAL, FL 33904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL DEGOULD

10/19/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DEGOULD, MICHAEL D  
Address: 10927 WHISPERING PINES WAY  
City-St-Zip: ROCKFORD, IL 61114

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL DEGOULD

DR.

10/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date